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SYSTEMATIC REVIEW OF LITERATURE

A terapia comunitária integrativa e a enfermagem: o fenômeno e seus contextos

Communitarian therapy and nursing: the phenomenon and its context

La terapia de la comunidad y enfermería: el fenómeno y su contexto

Clara Tavares Rangel ¹, Francisco Arnaldo Nunes de Miranda ², Kalyane Kelly Duarte de Oliveira ³

ABSTRACT

Objective: to contextually analyze the phenomenon of nursing practice from the Community for Integrative Therapy by the summarization of Brazilian productions. **Method:** this is an integrative review associated to the theoretical reference of Hinds, Chaves and Cypress to discuss the phenomenon from their contexts. **Results:** there were contexts emerged about the nursing Integrative Community Therapy, Implementation of complementary and integrative practices, the Production of knowledge about this therapy and the proposed emerging paradigm. **Conclusion:** the application of Integrative Community Therapy emerged as a new performance practices of health professionals on the experience of the new paradigm proposal, which requires breaking with the model of modern science focused on biologicism, deconstruction of perception and formulation of new forms thinking. **Descriptors:** Mental Health; Community Health Nursing; Therapeutics; Health Promotion.

RESUMO

Objetivo: analisar contextualmente o fenômeno da prática da enfermagem a partir da Terapia Comunitária Integrativa pela sumarização das produções brasileiras. **Método:** trata-se de uma revisão integrativa associada ao referencial teórico de Hinds, Chaves e Cypress para discutir o fenômeno a partir de seus contextos. **Resultados:** emergiram contextos sobre a atuação da enfermagem na Terapia Comunitária Integrativa: a implantação das práticas complementares e integrativas, a produção do conhecimento sobre essa terapia e a proposta de paradigma emergente. **Conclusão:** a aplicação da Terapia Comunitária Integrativa surge como uma das novas práticas de atuação dos profissionais de saúde diante da vivência da nova proposta paradigmática, o que requer o rompimento com o modelo da ciência moderna focada no biologicismo, desconstrução de percepção e formulação de novas formas de pensar. **Descritores:** Saúde Mental; Enfermagem em Saúde Comunitária; Terapêutica; Promoção da Saúde.

RESUMEN

Objetivo: analizar contextualmente el fenómeno de la práctica de la enfermería de la Comunidad para la Terapia Integrativa por el resumen de las producciones brasileñas. **Método:** se trata de una revisión integradora asociado a las referencias teóricas de Hinds, Chaves y Cypress para discutir el fenómeno de sus contextos. **Resultados:** los contextos surgieron sobre la enfermería Terapia Integrativa en la Comunidad, de despliegue de prácticas complementarias e integradoras, la producción de conocimiento sobre esta terapia y el paradigma emergente propuesto. **Conclusión:** la aplicación de la Terapia Comunitaria Integrativa emerge como nuevas prácticas de desempeño de los profesionales de la salud sobre la experiencia de la nueva propuesta de paradigma, que obliga a romper con el modelo de la ciencia moderna centrado en biologicismo, la desconstrucción de la percepción y la formulación de nuevas formas de pensar. **Palabras clave:** Salud Mental; Enfermería en Salud Comunitaria; Terapéutica; Promoción de la Salud.

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INTRODUCTION

The historical context of each era brings political, economic and ideological repercussions transforming patterns and the mode of individuals and professional performances. The change can be seen even in the health-disease associated with health practices involved.

In the health area, the current historical moment recognizes the limitations of the traditional public health model focused only on Biological health-disease process, and seeks the adoption of care practices that are appropriate to the models proposed by the Unified Health System (SUS).

The redirection of care practices and the decision to reorganize the health care network through a sustained policy by the universal right of access to primary care and the pursuit of SUS decentralization became the starting point for the implementation of the Health Strategy Family (ESF).¹

The construction of the primary care model from the perspective of ESF was a slow process that sought to meet the individual and collective demands.¹ Investing in care practices is constituted as one of the tools used for this new work process capable of integrating the comprehensiveness, equity and universality principles.²

Based on these assumptions, in 1988 it is reflected about regulations of complementary therapeutic practices of mental health in SUS. They established, among other guidelines, the Technical Mental Health and Phytotherapy Alternatives³.

Practices and knowledge emanating from the successful experiences developed in the community and new ways to overcome the difficulties of access to health information and quality of life were recognized and in 2006 the National Policy on Integrative and Complementary Practices (PNPIC) was approved strengthening a systemic look at the individual without diminishing his uniqueness. Under this idea, in 2007 the Community Integrative Therapy (TCI) is inscribed in this policy under the auspices of the Primary Care Department of the Ministry of Health.¹

This level of complexity of care associated with other mental health services are an articulated network in order to ensure comprehensive care. Its success requires the guarantee of responsibility in meeting the demands of promotion, maintenance and rehabilitation of the psychological distress patient⁴.

TCI adds values to SUS, adding to this transition of welfare policy to a conception of joint participation, as an intervention methodology in communities through interpersonal and intercommunity meetings.¹

It is known that the health work process guided by ideological and operational assumptions requires adherence of health workers in a network building perspective. Given this approach, it is observed that nursing for its historic legacy in the public health area,

though the campaigner model, has challenged social inequalities in overcoming the public demands, playing a role in the consolidation process of the new care models for their relevance in the promotion of care associated with their educator nature. Thus, the TCI presents this scenario as a powerful form of intervention in the community by health professionals.

Given the above, this study questions: What are the contexts that involve integrative community therapy from Brazilian productions?

The importance is in the possibility to summarize the knowledge gained through research on TCI and analyze the contexts surrounding this phenomenon, nurses and academics have another opportunity to work in the area of primary health care, including the concept of incorporation expanded health.

In this context, this article aims to contextually analyze the phenomenon of nursing practice from the Community Integrative Therapy by the summarization of Brazilian productions.

METHOD

It is an integrative literature review, qualitative and descriptive, in which it aimed to contextually analyze the phenomenon of nursing practice from the Community Therapy by the summarization of Brazilian productions.

The integrative review allows to know the current state of knowledge about the theme, the effective implementation of interventions in healthcare practice and to get the gaps that may be subjects of future research. It consists of six stages: problem formulation, literature search, categorization of studies, evaluation of the studies included in the review, analysis of results and presentation of the synthesis of knowledge.⁵

In this context, this integrative review seeks to answer the research question: What are the contexts that involve integrative community therapy from Brazilian productions?

Data collection took place in July 2013. There were articles accessed available in full for free online in Portuguese, English and Spanish in the period of 2006 to 2013 indexed in databases Scientific Electronic Library Online (SciELO) and the Latin American and Caribbean Health Sciences (Lilacs) through the key words "Community Therapy"; "Nursing" joined by the Boolean operator AND.

The strategy for data collection was an elaborate instrument with two blocks of questions: the first one refers to the identification of the article (title, author, journal, language and year of publication); and the second one deals with aspects of the study (site of the study, approach, goal/objective of the research, results and gaps).

Data were grouped in a summary table and the process for its critical evaluation took place based on the theoretical references of Hinds, Chaves and Cypress (1992). According to

these authors, knowledge of the context is one of the goals of clinical research and evaluation by health professionals who seek to understand human beings and phenomena involved in the quest for the promotion of meaningful life experiences. Contextual levels are divided into four interactive and distinct layers from one to another, the immediate context, the specific context, the general context and the meta-context.⁶

The immediate context has as main feature the immediacy, that is, its focus is on the present, representing the phenomenon itself. The specific context is characterized by aspects that influence or may influence a situation, involving the immediate past. The general context concerns the subject of references, such as personal beliefs and cultural values, which influence the phenomenon. The meta-context reflects socially constructed aspects.⁶ These will be presented separately in this article to better understanding, however they are interconnectable.

RESULTS AND DISCUSSION

There were three articles in Scielo database and five in the Lilacs database, totaling eight articles of which two were repeated in the bases. Thus, there were six articles selected for the final sample. Results will be presented in two stages. The first stage is the exposure of quantitative variables involved in the articles (Table 1); and the second stage brings contextual analysis based on the theoretical references of Hinds, Chaves and Cypress (1992).

Table 1. Articles from Scielo and Lilacs databases on Community Therapy in 2006-2013 period.

n	Title	Journal	Year of publication
I	Repercussions of community therapy in the daily lives of its participants	Rev. Eletr. Enf	2006
II	Happy Age group: nursing care for the promotion of health in elderly	Rev Esc Enferm USP	2007
III	The communitarian therapy as a new instrument of care for elderly mental health	Rev Bras Enferm	2009
IV	Mental health promotion of the elderly in primary care: The contributions of community therapy	Texto Contexto Enferm	2010
V	Community therapy: care with the family in the nursing student perspective	Acta Paul Enferm	2011

VI	Nursing and the implementation of Integrative Community Therapy in the Family Health Strategy: experience report	Rev Enferm	Bras	2012
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Selected articles were published between 2006 and 2012, in about an article per year without publication in 2008. Revista Brasileira de Enfermagem presented two articles on the topic. All are written in Portuguese, produced by graduate programs, either graduation (one article), masters or doctorate (five articles) with only members of the programs (four articles) or in partnership with nursing assistants (one article) and municipal health secretary members (one article).

Authors of the articles are members of the Federal University of Paraíba (three articles), the Federal University of Rio Grande do Norte (one article), Federal University of São Paulo (one article) and the both Federal and State University of Ceará (one article each) which reflected in the places to carry out the study (two in Ceará, one in Paraíba, one in Rio Grande do Norte and one in São Paulo).

According to the adopted references, the results found in the literature were categorized into four sub-themes referring to the four contexts: 1) Nursing practice in integrative community therapy as immediate context; 2) Implementation of complementary and integrative practices as specific context; 3) Knowledge production on Integrative Community Therapy as a general context; 4) The proposal for emerging paradigms as meta-context.

NURSING PRACTICE IN INTEGRATIVE COMMUNITY THERAPY - IMMEDIATE CONTEXT

Community therapies are performed by the so-called community therapists. They can be professionals from several areas and even community leaders and health workers, as long as legitimated and recognized by the training course offered by the Brazilian Association of Community Therapy and develop preventive activities and social inclusion of individuals in mild psychological distress³.

Selected articles address the need for this training and bring TCIT as an opportunity to bring together health professionals from the demands of the community, recognizing problems and enhancing solutions that emerge from the community to know the local reality.

The construction of this link between these social actors requires professionals with holistic view and able to ensure the flow of responsibility between the different actors involved in care practice⁷. However, it is known that some professional services and reproduce the asylum logic, preventing the realization of the proposals of the Brazilian Psychiatric Reform (RPB)⁸.

This reform advances in public awareness of new ways of care to patients with mental and/or behavioral disorders from the deinstitutionalization and reintegration into the family and social environment⁸.

In the context of RPB, nursing in its various productions about madness reveals new ways of care in mental health, characterizing the commitment of the class with the essence of care as a social practice, highlighting the concerns and challenges for the profession⁹.

In this activity, nurses use strengthening strategies in health care. The Community Therapy that meets the principles of SUS, build solidarity networks, enables social change and recognizes the competences of social actors to resiliency.¹ This corroborates with Articles II and III, since TC provides an opportunity for elderly get out of social isolation, and promotes the formation of groups strengthening the resilience and recovery of autonomy and values.

Article VI, held in Fortaleza from the implementation of Community Therapy is recommended for managers and incorporating family health teams in their work process to the necessary attention to the emotional of the population suffering, and as a strategy using TC expanding preventive and promotional health actions.

However, another study seeking to identify the education and actions of nurses in mental health in a PSF of Teresina/PI showed that although 97% of nurses recognize the existence of demand in the area, the actions were in home visits (60%), consultations (27.7%), referrals (21.5%), medication delivery (15.4%), inactivity (14.6%), outpatient care (7.7%), cases survey (0, 8%) and community care (5.4%).¹⁰

Confirming this study, another one carried out with ESF workers in Fortaleza/CE concluded that mental health care still happens sporadically by some health workers in primary health care, reflecting the roots of focusing actions on biological aspects to the detriment of psychosocial aspects.¹¹

PRACTICAL IMPLEMENTATION OF COMPLEMENTARY AND INTEGRATIVE PRACTICES AS SPECIFIC CONTEXT

The adoption of SUS in Brazil has provided advances in the area of public policies. The principles of universality, comprehensiveness, equity, associated with decentralization and community participation provided development of practices that differ from the traditional model of health.¹

As mentioned earlier, the Ministry of Health seeking to ensure comprehensiveness in health care, establishes in 2006 the National Policy on Integrative and Complementary Practices (PNPIC). It is one of continuity measures for the SUS implementation process because the act on the prevention of diseases and promotion, maintenance and restoration of health in a humanistic way, aiming at integrity of the individual, the policy strengthens the principles and guidelines of SUS.³

The Federal Nursing Council in COFEN Resolution number 197 of 1997, approved the use of complementary and integrative practices by nurses, becoming the first council among all healthcare professions to recognize them. The nursing professional to receive the titration must complete and pass recognized course, having the qualification or expertise in the desired therapy.¹²

In this context, the TC is mentioned as a new care technology in mental health. It is a psychosocial intervention instrument in public health that adds more possibilities to other

health services, complementing them. There is an expansion of preventive and promotional activities.¹³

According to Article VI, TC meet the guiding principles of SUS. There was the construction of social support networks, social change and recognition of skills that helped overcome the difficulties, in addition to considering a rich strategy of prevention and mental health promotion as covered by Article V.

Article III, having TC as research subject from the perspective of the elderly population, has three Defense Pact priorities of life that stand out in this specific population: the elderly health, health promotion and strengthening of Primary Care. It is felt that these aspects are also met in the Community Therapies broadly.

It is noted that in addition to a restructuring of health services, the undertaken changes require diversity care strategies from the recognition of the territory and its resources and accountability of professionals on demand aiming at the effectiveness of care⁸.

CHANGES ON THE PHENOMENON OF INTEGRATIVE COMMUNITY THERAPY - GENERAL CONTEXT

Developed in 1987, the Community Therapy emerged from an extension project by the professor psychiatrist Adalberto Barreto from the Federal University of Ceará in Pirambú community in Fortaleza/CE in order to meet the growing demand of the community. Currently, TC is implemented in several countries like France, Switzerland, Uruguay and Argentina, and is funded in many states.¹³

The Community Therapy appears in articles mainly as a light care technology. When working the social relationships, satisfactory answers are assimilated by the participants. It is another instrument of work, in the community care by health professionals.

The results of Article VI show changes arising from the practice of TC: Community adherence to participate in the meetings; strengthening of the bond community-professionals of the PSF; revitalization of the community association, including representative of choice for the local board of health. And as impact factors, there was an increased by 100% of the number of prevention held in the unit.

It is noticed that the TC promotes changes to focus more on the collective care. The unit is transformed to the community and brings empowerment for community members to share experiences.

The gradual building of other places the treatment of patients with mental and/or behavioral disorders seek joint projects with the training of professionals. Having a different view about the health-disease process, their demands, needs and problem solving is expected of the new curricula¹⁴.

THE PROPOSAL FOR EMERGING A PARADIGM AS META-CONTEXT

Paradigm is defined as a set of cultural elements, knowledge and theoretical, technical or methodological codes that are shared by members of a scientific community.¹⁵ This share will be reflected in society and care practices. The development of a professional practice is guided by certain paradigm offering basis for the actions performed.

These actions to health problems arise from the current concept of health, that is, the paradigm establishing that concept. This, in turn, responds to political and technological socio-economic context.¹⁵ The scientific developments in these concepts are given by revolutions, which is configured as passage normal to the crisis, and subsequent normal with new theories.¹⁶

Currently, the moment is a paradigmatic crisis. The current paradigm of modern science is no longer able to respond to the needs and uncertainties of living in the community, dropping the vertical model based on biologicism and mechanism.

The implementation of SUS in seeking appropriate methods to the Brazilian reality encourages social and environmental actions for the promotion and quality of life. Thus, there is space for the development of new relationships with the state and society, the possibility of developing new skills of professionals to implement new practices.¹⁵

Practices that meet the modern science paradigm gaps are alternative and complementary actions that promote the alleviation of suffering, based on values and holistic conceptions. The existing practices of health, disease, treatment and cure are changed, there is the appreciation of the subject and the promotion of health, distinguishing the biomedical model centered on the disease. It is responded to this context with the inclusion of TCI, a possibility before the reversal of the asylum and quest for rehabilitation of community-based.

CONCLUSION

Studies have shown increased quality of life of patients who have access to complementary and integrative practices, demonstrating their success in weaknesses in the area of health by the previous paradigm due to their characteristics of super-specialization and large divisibility.

However, the use of these complementary practices is still a challenge. It requires more than its implementation, it is a deconstruction of perception and formulating new ways of thinking. Building new worldview within ourselves, being able to be contemporary as it is seen beyond the above. Having the conviction of the change to a more human and united action.

It is suggested that this also justifies the low number of publications over a period of eight years, as well as the lack of a specific descriptor for the Integrative Community Therapy available on the Virtual Health Library.

In this sense, it is recommended that healthcare professionals provide the discussion on their practice in various areas of expertise. In education, looking at it in the curricula of different levels of training of nursing workers; in health care, introducing new possibilities for action; in the survey, highlighting progress and shortcomings of the new practices. In short, to act in line with the construction of public policies.

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